had just visited the office, enough medication might be ordered until their next scheduled visit. For others who had not been to the office for some time, we requested and felt fully justified that they see us before renewal. If this was too inconvenient, enough medication would be prescribed until they were able to come back to the office.

We declined to charge patients for telephone reorders even though they were an uninsured service. Our primary motive was not to generate more income but to increase the quality of care offered to our patients.

Visits for medication review generated by this policy change were given intense internal analyses. We measured patient compliance to bring any or all medications for review. We compared my knowledge of each patient's medications with what the patient was actually taking. We analyzed the sources for medications. This information was tabulated and given back to patients for their review. Patients endorsed, albeit not unanimously, the change in office policy. These data were peer reviewed at the Research, Inquiry, and Opinion Days (RIO Days) in the Department of Family Medicine at the University of Ottawa in 1993 and 1994.

In 1990, the Council on Aging of Ottawa-Carleton did a survey concerning prescribing practices by family physicians as part of the Medication Awareness Project. Results showed that 88% of respondents supported a change in the OHIP billing schedule permitting doctors to list "medication monitoring" as the reason for the visit to the office (unpublished data).

The primary focus of our article and intervention was to improve the quality of patient care. Although some patients were initially asked to bring into the office all medications for review, a highly successful system was established so that subsequent medication monitoring was made an integral part of each office visit.[1]

A comprehensive cost-benefit analysis would have to address the total costs generated by initial patient visits and also the savings of incorporating medication reviews automatically into each subsequent visit. Ultimately, patient outcomes would have to be measured. This was beyond the scope of this article. I hope that the excellent questions raised by Dr Palmer[2] and Dr McGregor will challenge us to research further this controversial area of primary care.

— *Howard R. Cohen, MD, CCFP*
Ottawa

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Rejecting the facts

Once again, we read[1] non-scientific reasoning from someone claiming to be scientific. I'm tired of it. To reject facts because they are unexplained by a current theory is unscientific. It's by these "facts that don't fit in" that the greatest advances have been made and will be made in science. I don't claim that homeopathy will be one of them. But rejecting a meta-analysis of studies by subjective impression and generalization and adding one negative study is not compatible with scientific methods.

The authors of the meta-analysis have reviewed the quality of the studies found and have taken account of that in the results. The only scientific conclusion, for now, on homeopathy is that, when we look at all the data, we are unable to prove that homeopathy is only placebo. At the same time, all the data are unable to prove that homeopathy is more than placebo. Any other opinion is just that: an opinion, not a scientific conclusion. If Dr Oppel doesn't believe in homeopathy, that is his right; I have no problem with that. But he should not try to disguise an opinion as a scientific conclusion. To say homeopathy is scientifically proven as effective is false; to say that homeopathy is scientifically proven to have no physiological effect is false, too.

The problem is not with homeopathy but with the absence of professional training for homeopaths. To promise a cure is always wrong. This is an unprofessional attitude that should be fought. There are quacks among homeopaths and among conventional doctors. It has nothing to do with homeopathy or pharmacology; it has to do with human nature and human behaviour. Homeopaths should have the same code of ethics as any other health professionals. They should be punished if they promise cure, discredit other health workers, or make false affirmations. And any professional should be able to distinguish scientific conclusions from personal opinions.

— *Paul Lépine, MD*
Ste-Foy, Que

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Keeping an open mind

The letter from Dr Lloyd Oppel[1] begs the question. When someone writes about a medical approach as being "patently absurd," one has to wonder whether this person has an inquiring mind or just a closed one. Dr Oppel waxes eloquent about the unscientific nature of homeopathy but offers few data to support his assertions. Indeed, he would rather believe that the *process* of meta-analysis is flawed rather than believe that homeopathy *could* have some value. Such an attitude belies creative, divergent thinking and flies in the face of a respectable statistical approach such as meta-analysis has been demonstrated to be.

Probably nothing I could say would change Dr Oppel's mind, but I would like to point out a few important facts. Prominent scientists have supported homeopathic principles. Benveniste et al's[2] experiments provided evidence that dilutions of active substances below Avogadro's number could produce physical effects. This was, of course, greeted with a good deal of skepticism in the scientific community because we have no model to explain the results. That does not mean we have to throw out the results. Indeed, we should look carefully at our model if the model does not support the facts. When physicists found that not all events could be explained by the Newtonian model, they looked for a new model and found it in quantum physics.

Those of us practising complementary medicine use a different model from conventional medicine. It is a model based on holism versus reductionism. Thus the research methods of the conventional model do not always work for the complementary medicine model. I would be the first to admit that we need more research in this area. But let's do the research, and when the research is done (eg, the *Lancet* study[3] Dr Oppel quoted), let us not be too quick to dismiss the results if they don't fit with our belief system or model of the world. Conventional Western medicine does not have a monopoly on the truth.

I agree with Dr Oppel that there is not much evidence, if any, for the homeopathic immunization approach. I also abhor "healers" who charge huge amounts for "cures" that don't work. I hope these people weren't physicians. However, we are not "turning our backs on 100 years of progress" by opening our minds to different models of medical practice. Indeed this *is* progress.

— *Edward Leyton, MD, CCFP*
Kingston, Ont

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